

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	1					
8	1					
9	1					
10	1					
11	1					
12	2					
13	2					
14	1					
15	1					
16	2					
17	2					
18	1					
19		1				
20		2				
21	1					
22	1					
23	2					
24	2					
25	3					
26	3					
27	1					
28	1					
29		2				
30		2				
31	2					
32	1					
33	1					
34	2					
35	2					
36	2					
37	2					
38	1					
39	1					
40	2					
41	2					
42	2					
43	1					
44	1					
45	2					
46	2					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		1				
56		4				
57		4				
58		4				
59		1				
60		1				
61		1				
62		1				
63		2				
64		2				
65		1				
66		1				
67		1				
68		2				
69		2				
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		29				
TOTAL DEP.						
TOTAL CLAIMS	112					